

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 150 **63-046944**

FILED DEC 17 1963

VS 300
Rev. 4/59

10055

20055

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 508 3rd Street		d. STREET ADDRESS (If outside, give location) 508 3rd Street	
3. NAME OF DECEASED (Type or print) First Alice Middle D. Last Roller		4. DATE OF DEATH Month Dec. Day 8 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/30/79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Benton Cty., Ark.	
13a. FATHER'S NAME Edward Sooter		13b. MOTHER'S MAIDEN NAME Mollie Morlan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. INFORMANT Mrs. Bertha Miller, Monett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis DUE TO (b) Generalized Arteriosclerosis DUE TO (c) ?		INTERVAL BETWEEN ONSET AND DEATH 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:05 a.m. 8 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Monett, Mo
21. I attended the deceased from 2-8-59 to 12-8-63 and last saw her alive on 12-1-63 Death occurred at 2:05 on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 12-9-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/10/63	
23c. NAME OF CEMETERY OR CREMATORY Arnhart Cemetery		23d. LOCATION (City, town, or county) Barry County, Missouri	
24. FUNERAL DIRECTOR Buchanan Funeral Home, Monett		25. DATE RECD. BY LOCAL REG. 12-10-63	
26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook			

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

-If this body is not embalmed, fact should be so stated above.